

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: <u>Ginger Kyritsis</u> Sign: <u>[Signature]</u>	Street: <u>4718 Mesker ST</u> City: <u>Schofield</u> Zip: <u>54476</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Weston</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>Ginger</u> Phone <u>(715)</u>
2. Print: <u>Gail Hurd</u> Sign: <u>Gail K Hurd</u>	Street: <u>2285 Bonney Dune Dr</u> City: <u>Mosinee</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Kronenwetter</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>Gail Hurd</u> Phone <u>(715)</u>
3. Print: <u>John Westburg</u> Sign: <u>[Signature]</u>	Street: <u>204 Michigan Ave #B</u> City: <u>Stevens Point</u> Zip: <u>54481</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Stevens Point</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>jw</u> Phone <u>(414)</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ()

Certification of Circulator

I, Ginger Kyritsis, (certify): I reside at 4718 Mesker ST
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Weston
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 27 / 2011
(Month) (Day) (Year)
Ginger Kyritsis
(Signature of Circulator)

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Return by
Committed
PO Box 24
Madison, WI

Circulators,
Please include your

Phone
(715)
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PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Donna M Egner	<i>Donna M Egner</i>	Street: <u>4620 W Cty Rd C</u> City: <u>Auburndale</u> Zip: <u>54412</u>	<input checked="" type="checkbox"/> Town <u>Green Valley</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>11/28/2011</u> <small>(Month) (Day) (Year)</small>
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> </u> / <u> </u> / 20 <u> </u> <small>(Month) (Day) (Year)</small>
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> </u> / <u> </u> / 20 <u> </u> <small>(Month) (Day) (Year)</small>
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> </u> / <u> </u> / 20 <u> </u> <small>(Month) (Day) (Year)</small>
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> </u> / <u> </u> / 20 <u> </u> <small>(Month) (Day) (Year)</small>
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> </u> / <u> </u> / 20 <u> </u> <small>(Month) (Day) (Year)</small>
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> </u> / <u> </u> / 20 <u> </u> <small>(Month) (Day) (Year)</small>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> </u> / <u> </u> / 20 <u> </u> <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> </u> / <u> </u> / 20 <u> </u> <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> </u> / <u> </u> / 20 <u> </u> <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Deb Englehart, (certify): I reside at 1506 Adler Rd. Marshfield
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences, given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(2)(b), Wis. Stats.

11 / 28 / 2011
(Month) (Day) (Year)

Deb A Englehart
(Signature of Circulator)

Page No. (Official Use Only)
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Circulators
 Phone
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Phyllis Aschebrook	Phyllis Aschebrook	Street: 1710 Orchid Ln. City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	11/25/2011 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Barbara Gillespie (Name of Circulator), (certify): I reside at 11840 Sunset Dr. (Circulator's Residence - Street name and Number) Town of Lincoln (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(2), Wis. Stats.

11 / 25 / 2011
(Month) (Day) (Year)

Barbara Gillespie
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Dale Khrtheken	<i>[Signature]</i>	Street: W18454 Elm Rd City: Wittenberg WI Zip: 54499	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wittenberg	12/2/2011 (Month) (Day) (Year)
2. John Jankoski	<i>[Signature]</i>	Street: 924 Grant St City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)
3. Thomas Goltz	<i>[Signature]</i>	Street: 1630 N. 1st Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)
4. Annette Goltz	<i>[Signature]</i>	Street: 1630 N. 1st Ave City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)
5. Kathleen Heller	<i>[Signature]</i>	Street: 335 Bears Eddy Rd. City: Mosinee Zip: 54455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Berger	12/2/2011 (Month) (Day) (Year)
6. Carol Warosh	<i>[Signature]</i>	Street: 4104 So 32nd Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)
7. JOSEPH SAUTNER	<i>[Signature]</i>	Street: 1631 1/2 BUREK AVE City: WAUSAU WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/2/2011 (Month) (Day) (Year)
8. Joseph A Nowak	<i>[Signature]</i>	Street: 315 No 9th Ave City: WAUSAU WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/2/2011 (Month) (Day) (Year)
9. Bonnie G. Sparr	<i>[Signature]</i>	Street: N4536 Butternut Lane City: Biermenwood WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City NORRIS	12/2/2011 (Month) (Day) (Year)
10. John PARKER	<i>[Signature]</i>	Street: 2819 SPRINGFIELD City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/2/2011 (Month) (Day) (Year)

Certification of Circulator

I, DOROTHY J MILLER, (certify) I reside at 1800 Cedar Rd KIK Town Mosinee
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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1. Print: <u>Steven Martino</u> Sign: <u>Steven Martino</u>	Street: <u>605 Katherine St</u> City: <u>Rothschild</u> Zip: <u>54474</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Rothschild</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email Phone (
2. Print: <u>ARLYN LAPORTE</u> Sign: <u>Arlyn LaPorte</u>	Street: <u>1010 PINE ST</u> City: <u>WAUSAU</u> Zip: <u>54401</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WAUSAU</u> (Municipality Name)	<u>11/19/2011</u> (Month) (Day) (Year)	Email Phone (
3. Print: <u>Yvonne LaPorte</u> Sign: <u>Yvonne LaPorte</u>	Street: <u>1010 Pine St.</u> City: <u>WAUSAU</u> Zip: <u>54401</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u> (Municipality Name)	<u>11/19/2011</u> (Month) (Day) (Year)	Email Phone (
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone (
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone (

Certification of Circulator

I, Cheryl Martino, (certify): I reside at 605 Katherine Street Rothschild
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 01 / 2011 Cheryl Martino
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

Return to
Committee
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Madison

Circulators,
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PO Box
Madison

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Group	Condition A	Condition B	Condition C	Condition D
Control	85	80	85	90
MCI	65	60	65	45
AD	45	40	45	25

Age Group	Percentage of Respondents
18-29	65%
30-49	70%
50-69	78%
70+	85%

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Phone (

(Signature of Circulator)

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PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Mary S. Youngger	Mary S. Youngger	Street: 3311 N. 14th St City: Wausau Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)
2. STEVE S. WILSON	Steve Wilson	Street: 3104 N. 14th St City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)
3. LISA KERMALICK	Lisa Kermick	Street: 414 W 2nd Ave City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)
4. PATRICIA L. OLSON	Patricia Olson	Street: 414 N 2nd Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)
5. Debra Lutze	Debra Lutze	Street: 3706 Thunderbird Lane City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	12/2/2011 (Month) (Day) (Year)
6. Karen Zarada	Karen Zarada	Street: 3806 Swan Ave City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	12/2/2011 (Month) (Day) (Year)
7. Richard Zarada	Richard Zarada	Street: 3806 Swan Ave City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	12/2/2011 (Month) (Day) (Year)
8. Debra Seal	Debra Seal	Street: 2505 E Wausau Ave City: Wausau WI Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)
9. Josh Schluter	Josh Schluter	Street: 627 LeMessurier City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)
10. Sarah Schluter	Sarah Schluter	Street: 622 LeMessurier St City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)

Certification of Circulator

I, Jeannette White (Name of Circulator), (certify): I reside at 1906 N. 10th Ave. Apt. 7 (Circulator's Residence - Street name and Number) City of Wausau (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Jeannette White
(Signature of Circulator)

Page No. (Official Use Only)
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PAM GALLOWAY RECALL PETITION

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1. Barbara Mann	<i>Barbara Mann</i>	Street: 935 9-10th Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)
2. Kathleen Abitz	<i>Kathleen Abitz</i>	Street: 4312 Ross Ave City: Schofield Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	12/2/2011 (Month) (Day) (Year)
3. DARRELL ALDRICH	<i>Darrell Aldrich</i>	Street: 910 W. UNION AVE City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/2/2011 (Month) (Day) (Year)
4. Alicia Withers	<i>Alicia Withers</i>	Street: 1620 BUREK AVE City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)
5. Jeff Urbans	<i>Jeff Urbans</i>	Street: 1631 Summit Drive City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)
6. Michael P. Dix	<i>Michael P. Dix</i>	Street: 13463 Luetschinger Drive City: Rygle WI Zip: 54701	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rygle	12/02/2011 (Month) (Day) (Year)
7. Henry P. Ritter	<i>Henry P. Ritter</i>	Street: 14616 Mayflower Lane City: Binghamwood WI Zip: 54414	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Norrie	12/2/2011 (Month) (Day) (Year)
8. Josh Burger	<i>Josh Burger</i>	Street: R-6 Box 483 SW City: WAUSAU WI Zip: 54402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)
9. SCOTT LEITER	<i>Scott Leiter</i>	Street: 1916 6TH STREET City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/2/2011 (Month) (Day) (Year)
10. Tara Leiter	<i>Tara Leiter</i>	Street: 1916 6th St City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)

Certification of Circulator

I, Jeanette White, (certify): I reside at 1906 N. 10th Ave. Apt. 7 City of Wausau
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 1 / 2 2011
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Jeanette White
(Signature of Circulator)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Barbara Madden	<i>Barbara Madden</i>	Street: 1841 Goetsch Rd City: Wausau, WI Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Texas	12/1/2011 <small>(Month) (Day) (Year)</small>
2. Harmony Parratta	<i>Harmony Parratta</i>	Street: 823 S. 3rd Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/1/2011 <small>(Month) (Day) (Year)</small>
3. BARBARA BRESSLER	<i>Barbara Bressler</i>	Street: 3700 Mount Zion Ave City: Wausau Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	12/1/2011 <small>(Month) (Day) (Year)</small>
4. Matt Baker	<i>Matt Baker</i>	Street: 1109 S. 9th Ave City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/1/2011 <small>(Month) (Day) (Year)</small>
5. Tom Belongia	<i>Tom Belongia</i>	Street: 3320 N 12th Street City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/1/2011 <small>(Month) (Day) (Year)</small>
6. Ricky Schmitter	<i>Ricky Schmitter</i>	Street: HWY 52, E 6403 City: Wausau WI Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau	12/1/2011 <small>(Month) (Day) (Year)</small>
7. JOE SCHMITTER	<i>Joe Schmitter</i>	Street: HWY 52, E 6403 City: Wausau WI Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau	12/1/2011 <small>(Month) (Day) (Year)</small>
8. Dennis Tasche	<i>Dennis Tasche</i>	Street: 313 S. 39th Ave City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stettin	12/1/2011 <small>(Month) (Day) (Year)</small>
9. JAMES KOPPLITZ	<i>James Kopplitz</i>	Street: 1413 SWANEE AVE. City: WAUSAU, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 <small>(Month) (Day) (Year)</small>
10. Sharon Kopplitz	<i>Sharon Kopplitz</i>	Street: 1413 Swanee AV. City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 <small>(Month) (Day) (Year)</small>

I, Jeanette White (Name of Circulator), (certify): I reside at 1906 N. 10th Ave. Apt. 7 (Circulator's Residence - Street name and Number), City of Wausau (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(2)(a), Wis. Stats.

12 / 2 / 2011
(Month) (Day) (Year)

Jeanette White
(Signature of Circulator)

Page No. (Official Use Only)

Circulators, please provide:
Phone _____
Email _____

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. James Bork	<i>[Signature]</i>	Street: 4406 Huntington Ct City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/1/2011 (Month) (Day) (Year)
2. Angel Anderson	<i>[Signature]</i>	Street: 305 Sturgeon Eddy Rd City: Wausau Zip: 54402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/1/2011 (Month) (Day) (Year)
3. Mary Carazalla	<i>[Signature]</i>	Street: 1404 Deers Brook Ct City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City maine	12/1/2011 (Month) (Day) (Year)
4. Laura Deasy	<i>[Signature]</i>	Street: 401 N. 5th Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/1/2011 (Month) (Day) (Year)
5. George Goyke	<i>[Signature]</i>	Street: 2205 Lily Lane City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rb Mountain	12/1/2011 (Month) (Day) (Year)
6. Mark Olejniczak	<i>[Signature]</i>	Street: 521 S. 21 Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/1/2011 (Month) (Day) (Year)
7. Eric Troseth	<i>[Signature]</i>	Street: 715 Stark St City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Jeff Johnson, (certify): I reside at 4522 Forest Valley Rd. City of Wausau
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. 000010

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PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. ELLEN KAFKA	<i>Ellen Kafka</i>	Street: 1940 RIDGE VISTA DR. City: MOSINEE Zip: 54455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MOSINEE	11/29/2011 (Month) (Day) (Year)	Email Phone ()
2. GARY KELLY	<i>Gary Kelly</i>	Street: 3935 N 6TH ST City: WAUSAU Zip: 54483	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/30/2011 (Month) (Day) (Year)	Email Phone ()
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
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9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

I, Rita Pachal, (certify): I reside at 1310 Maple Hill Rd. City of Wausau
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 2 / 2011
(Month) (Day) (Year)

Rita Pachal
(Signature of Circulator)

Page No. 000011

Circulators, please
Phone 71
Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Mike Keman		Street: 461A Cavin Drive City: WAUSAU Zip: 54489	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/2/2011 (Month) (Day) (Year)	Email Phone (715)
2. Duane Stremmler		Street: 439 Sturgeon Eddy Rd City: WAUSAU, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/2/2011 (Month) (Day) (Year)	Email Phone (715)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Joyce Chekouras, (certify): I reside at 1426 Lake Dr. Town of Bevent
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

Page No. (Official Use Only)

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Circulators, p

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PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Lois E. Papa	<i>Lois E. Papa</i>	Street: 3105 Eagle Ave. City: WAUSAU, WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mt.	11/18/2011 (Month) (Day) (Year)
2. Richard S. Papa	<i>Richard S. Papa</i>	Street: 3105 EAGLE AVE City: WAUSAU, WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mt.	11/18/2011 (Month) (Day) (Year)
3. John E. Stuplich	<i>[Signature]</i>	Street: 208 Moonlite Ave City: Wausau WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mt.	11/20/2011 (Month) (Day) (Year)
4. Sara L. Stuplich	<i>[Signature]</i>	Street: 208 Moonlite Ave City: Wausau WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mt.	11/20/2011 (Month) (Day) (Year)
5. Paula M. Stuplich	<i>Paula M Stuplich</i>	Street: 208 moonlite Ave City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib mt.	11/20/2011 (Month) (Day) (Year)
6. Melvin Stuplich	<i>[Signature]</i>	Street: 208 MOONLITE AVE City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib mt	11/20/2011 (Month) (Day) (Year)
7. Christine Bremer Muggs	<i>C Bremer</i>	Street: 3909 Pine Sisk City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib mt	11/23/2011 (Month) (Day) (Year)
8. Adam Heil	<i>A. Heil</i>	Street: 2019 Gerth St. City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/23/2011 (Month) (Day) (Year)
9. Hannah Heil	<i>[Signature]</i>	Street: 2019 Gerth St City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/23/2011 (Month) (Day) (Year)
10. Stephen F Ragle	<i>Stephen Ragle</i>	Street: 3910 Bluegill Ave City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mt.	12/1/2011 (Month) (Day) (Year)

Certification of Circulator

I, Annmarie Blume, (certify): I reside at 3908 Bluegill Av Town of Rib Mt
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 9.10 of the Wisconsin Stats.

12 / 2 / 120 11
(Month) (Day) (Year)

Annmarie Blume
(Signature of Circulator)

Page No. 000013
(Official Use Only)

Circulators,
Phone _____
Email am

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return
Comm
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Madison

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Amanda Muetzel	Amanda Muetzel	Street: 2055 Tower Rd. City: Mosinee Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mosinee	12/2/2011 (Month) (Day) (Year)
2. Robert Muetzel	Robert Muetzel	Street: 2806 Meadow City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)
3. David Casey	David Casey	Street: 2207 Mount View Blvd City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)
4. Whitree Capelle	Whitree Capelle	Street: W1779 Hwy 64 City: Medford Zip: 54451	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Medford	12/2/2011 (Month) (Day) (Year)
5. Johanna Capelle	Johanna Capelle	Street: W1779 Hwy 64 City: Medford WI Zip: 54451	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Medford	12/2/2011 (Month) (Day) (Year)
6. Sarah Cook	Sarah Cook	Street: 1014 S 1st Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)
7. Eric Leffel	Eric Leffel	Street: 1014 S 1st Ave City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)
8. Pat Jerzak	Pat Jerzak	Street: 173 Old Hwy 51 City: Mosinee Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mosinee	12/2/2011 (Month) (Day) (Year)
9. Candi Los	Candi Los	Street: 6300 Birch St #242 City: Schofield, WI Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Schofield	12/2/2011 (Month) (Day) (Year)
10. Brittney Fremming	Brittney Fremming	Street: 918 N 18th St City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)

CONTACT
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Certification of Circulator

I, Stephen Rhyner, (certify): I reside at 801 N 13th Street Wausau
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(2)(a) Wis. Stats.

12 / 2 / 2011
(Month) (Day) (Year)

Stephen Rhyner
(Signature of Circulator)

Page No. (Official Use Only) 00001-2

Circulators, please

Phone (715) 837-1111
Email srhyner@wisc.edu

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return
Commit
PO Box
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1. Richard Kort	Richard Kort	Street: 3507 Mt View Ave City: Schofield Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Schofield	12/2/2011 (Month) (Day) (Year)
2. Linda Luedtke	Linda Luedtke	Street: 8806 Brian Dr City: Rothschild Zip: 54447	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rothschild	12/2/2011 (Month) (Day) (Year)
3. Mary Zager	Mary Zager	Street: 408 1/2 Chicgo City: WAUSAU Zip: 54483	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/2/2011 (Month) (Day) (Year)
4. Wayne Hanson	Wayne Hanson	Street: 1219 N 5th St City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/2/2011 (Month) (Day) (Year)
5. Megan Harding	Megan Harding	Street: 3912 Rosland Ave City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/2/2011 (Month) (Day) (Year)
6. James Holmes	James Holmes	Street: 1130 Grand Ave #4 City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/2/2011 (Month) (Day) (Year)
7. Phillis Holmes	Phillis Holmes	Street: 1130 Grand Ave #4 City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/2/2011 (Month) (Day) (Year)
8. Marcia Schapp	Marcia Schapp	Street: 248 WinHree Dr City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/2/2011 (Month) (Day) (Year)
9. Jean Waldman	Jean Waldman	Street: 716 N. 13th St City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/2/2011 (Month) (Day) (Year)
10. ARTHUR WALDMAN	Arth Waldman	Street: 716 N. 13th St City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/2/2011 (Month) (Day) (Year)

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Certification of Circulator

I, Stephen Rhyner, (certify): I reside at 801 N 13th Street WAUSAU
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stat.

12 / 2 / 2011
(Month) (Day) (Year)

Stephen Rhyner
(Signature of Circulator)

Page No. 000015

Circulators, please
Phone 715
Email srhyne

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Thomas LaPointe	[Signature]	Street: 8400 von Kanel City: Weston WI Zip: 54476	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	12/1/2011 (Month) (Day) (Year)
2. Shana Radant	[Signature]	Street: 1017 Gardner Park Rd City: Mosinee WI Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Mosinee	12/1/2011 (Month) (Day) (Year)
3. Sue Binkowski	[Signature]	Street: 1629 Spring St. City: Schofield WI Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Schofield	12/1/2011 (Month) (Day) (Year)
4. Dianne Krasnussen	[Signature]	Street: 1850 Woodcrest Circle City: Mosinee WI Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mosinee	12/01/2011 (Month) (Day) (Year)
5. David Waldum	[Signature]	Street: 1429 King Road City: Tomahawk WI Zip: 54487	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	12/1/2011 (Month) (Day) (Year)
6. Robin L. Puykert	[Signature]	Street: 306 Gaylee Ave City: Rothschild WI Zip: 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/1/2011 (Month) (Day) (Year)
7. LEROY DUMONSON	[Signature]	Street: 2770 16TH ROAD City: MOSINEE WI Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City KRONENWETTER	12/1/2011 (Month) (Day) (Year)
8. SCOTTA KRAUSE	[Signature]	Street: 1050 SUNDANCE RD City: MOSINEE WI Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City KRONENWETTER	12/1/2011 (Month) (Day) (Year)
9. Roger Lau	[Signature]	Street: 1324 Woodchuck Lane City: MOSINEE WI Zip: 54455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bergrin	12/1/2011 (Month) (Day) (Year)
10. Irene Wittbert	[Signature]	Street: 2476 Gary Lee Dr City: Mosinee WI Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kronenwetter	12/1/2011 (Month) (Day) (Year)

Certification of Circulator

Thomas J. Ruprecht
(Name of Circulator)

(certify): I reside at 1902 Douglas Dr.
(Circulator's Residence - Street name and Number)

Rothschild
(Circulator Municipality)

I have personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed here with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12/1/2011
(th) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. 000016
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Circulators, pl

Phone 715
Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Joe Racine	<i>Joe Racine</i>	Street: 29 Alexander #104 City: Rothschild Zip: 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/1/2011 (Month) (Day) (Year)	Email Phone (715) 30
2. Sue Carole Volovsek	<i>Sue Carole Volovsek</i>	Street: 603 South 85th 54403 City: Wausau Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau	12/1/2011 (Month) (Day) (Year)	Email Phone (715) 84
3. Rhonda Olson	<i>Rhonda Olson</i>	Street: 709 Shumandeah Rd. City: Wausau Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau	12/1/2011 (Month) (Day) (Year)	Email Phone (715)
4. Donald Frisque	<i>Donald D. Frisque</i>	Street: 1845 JAMES RD City: MOSINEE, WI Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City KRONENWETTER	12/1/2011 (Month) (Day) (Year)	Email Phone ()
5. Karen Davis	<i>Karen Davis</i>	Street: 2207 Hemlock Ave City: Schofield WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/1/2011 (Month) (Day) (Year)	Email Phone ()
6. Don Binkowski	<i>Donald Binkowski</i>	Street: 1629 Spring St City: Schofield WI Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Schofield	12/1/2011 (Month) (Day) (Year)	Email Phone ()
7. JAMES Martin	<i>James Martin</i>	Street: 311 Becker ST. City: Rothschild WI Zip: 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/1/2011 (Month) (Day) (Year)	Email Phone ()
8. Brandt D Winkold	<i>Brandt D Winkold</i>	Street: 306 Gaylee Ave City: Rothschild WI Zip: 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/1/2011 (Month) (Day) (Year)	Email Phone ()
9. ANDY HEPHER	<i>Andy Hephner</i>	Street: 566 CHERRY ST Apt 11 City: MOSINEE, WI Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MOSINEE	12/1/2011 (Month) (Day) (Year)	Email Phone ()
10. Michelle L. Daly	<i>Michelle L. Daly</i>	Street: 4024 5th St City: Mosinee WI Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mosinee	12/1/2011 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Thomas J Ruprecht (Name of Circulator), (certify): I reside at 1902 Douglas Dr (Circulator's Residence - Street name and Number) Rothschild (Circulator Municipality) Village of 94

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a) Wis. Stat.

12/01/2011
(Month) (Day) (Year)

Thomas J Ruprecht
(Signature of Circulator)

Page No. 000017
#

Circulators, please fill in

Phone (715)
Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Elaine M. Breske	Elaine M. Braske	Street: N419 Wishbone Lane City: Hatley WI Zip: 54440	<input checked="" type="checkbox"/> Town Ship of Norrie <input type="checkbox"/> Village <input type="checkbox"/> City	12/2/2011 (Month) (Day) (Year)
2. David Berndt	David Berndt	Street: 821 S. 21st Place City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Jefferey R. Lange (Name of Circulator), (certify): I reside at 802 Fairway Drive (Circulator's Residence - Street name and Number) Mosinee (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 2 / 2011
(Month) (Day) (Year)

Jefferey R. Lange
(Signature of Circulator)

Page No. 000013
(Official Use Only)

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Circulators, p

Phone

Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Lori Davidowski	Lori Davidowski	Street: 1868 Old Hwy 51 City: Mosinee Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kronenwetter	12/2/2011 (Month) (Day) (Year)	Email Phone (715)
2. GARY Gilberts	Gary Gilberts	Street: 211 N 126th Ave City: Marathon Zip: 54448	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Stettin	12/2/2011 (Month) (Day) (Year)	Email Phone (815)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
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Certification of Circulator

I, Jefferey R. Lange (Name of Circulator), certify: I reside at 802 Fairway Drive (Circulator's Residence - Street name and Number) Mosinee (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a) Wis. Stats.

12 / 2 / 2011
(Month) (Day) (Year)

Jefferey R. Lange
(Signature of Circulator)

Page No. 000019

Circulators, pl
Phone
Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. John A. Marguardt	<i>John A. Marguardt</i>	Street: 4402 Decatur Dr. City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau	11/26/2011 (Month) (Day) (Year)
2. Marisha Thao Chang	<i>Marisha J. Chang</i>	Street: 1300 N. 9th Ave. Apt. 10C City: WAUSAU, WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/27/2011 (Month) (Day) (Year)
3. Thao Chang	<i>Thao Chang</i>	Street: 1300 N 9th Ave Apt 10C City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/27/2011 (Month) (Day) (Year)
4. Kai Chang	<i>Kai Chang</i>	Street: 1227 JACKSON ST City: WAUSAU, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/27/2011 (Month) (Day) (Year)
5. Lou Her	<i>Lou Her</i>	Street: 1227 JACKSON ST. City: WAUSAU, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/27/2011 (Month) (Day) (Year)
6. Xia Her chang	<i>Xia HERchang</i>	Street: 719 Winton St. City: WAUSAU, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City wausau	11/27/2011 (Month) (Day) (Year)
7. Charles Kirsch	<i>Charles Kirsch</i>	Street: 7402 Red Bud Road City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	11/28/2011 (Month) (Day) (Year)
8. Debra Kirsch	<i>Debra Kirsch</i>	Street: 7402 Red Bud Road City: Wausau, WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	11/30/2011 (Month) (Day) (Year)
9. Joan Kirsch Jmk	<i>Joan Kirsch Jmk</i>	Street: 600 Butler Pl Jmk City: WAUSAU, WI Jmk Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU Jmk	11/29/2011 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Virginia Kirsch, (certify): I reside at 1223 Jackson St. city Wausau
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Virginia Kirsch
(Signature of Circulator)

Page No. 000020

Circulators, p
Phone
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PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Gordon Weiler	<i>Gordon Weiler</i>	Street: 6104 Labrador Rd. City: Weston WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	11/30/2011 (Month) (Day) (Year)
2. Amanda Fisher	<i>Amanda Zim</i>	Street: 4311 Schofield Ave #79 City: Schofield Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Schofield	11/30/2011 (Month) (Day) (Year)
3. Carrie Stotler	<i>C. A. Stotler</i>	Street: 1803 Everest Ave. City: Schofield Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WESTON	11/30/2011 (Month) (Day) (Year)
4. Kimberly Fisher	<i>Kimberly Fisher</i>	Street: 599 Columbus St. City: Hartree WI Zip: 54440	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hartree	11/30/2011 (Month) (Day) (Year)
5. Resa Petroski	<i>Resa Petroski</i>	Street: 1124 S 14th Ave City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/30/2011 (Month) (Day) (Year)
6. Beth Porter	<i>Beth Porter</i>	Street: 403 Leen St City: Rothschild WI Zip: 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	11/30/2011 (Month) (Day) (Year)
7. Lisa Lokensgard	<i>Lisa Lokensgard</i>	Street: 2106 Summit Ave City: Schofield WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	11/30/2011 (Month) (Day) (Year)
8. Kristin Fonti	<i>Kristin Fonti</i>	Street: 9701 Cedar Park St City: Rothschild Zip: 54474	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rothschild	11/30/2011 (Month) (Day) (Year)
9. Elyse Davies	<i>Elyse Davies</i>	Street: 5467 Cheryl Dr City: Weston Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Weston	11/30/2011 (Month) (Day) (Year)
10. David Hunkle	<i>David Hunkle</i>	Street: 2605 Joseph Ave City: Weston Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Weston	11/30/2011 (Month) (Day) (Year)

Certification of Circulator

I, PAUL A MAJERLE (Name of Circulator), (certify): I reside at 6108 ISAIAH ST. (Circulator's Residence - Street name and Number) WESTON (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 1 / 2011
(Month) (Day) (Year)

Paul A Majerle
(Signature of Circulator)

Page No. 000021
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Circulators, please

Phone (716)
Email pjm

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. JANET M. LATTYAK	<i>Janet M. Lattyak</i>	Street: 1918 Clatterth St. City: Schofield WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Schofield	11/18/2011 <small>(Month) (Day) (Year)</small>
2. Markene T Seeley	<i>Markene T Seeley</i>	Street: R20780 Bambi Dr City: Ringle WI Zip: 54471	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Ringle	11/19/2011 <small>(Month) (Day) (Year)</small>
3. Caitlin Seeley	<i>Caitlin Seeley</i>	Street: 7611 Feith Ave City: Weston, WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	11/24/2011 <small>(Month) (Day) (Year)</small>
4. Brad Seeley	<i>Brad Seeley</i>	Street: 7611 Feith Ave City: Weston, WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	11/24/2011 <small>(Month) (Day) (Year)</small>
5. Michael Seeley	<i>Michael Seeley</i>	Street: R20780 Bambi DR. City: Ringle Zip: 54471	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Ringle	11/24/2011 <small>(Month) (Day) (Year)</small>
6. THERESA M. LEONER	<i>Theresa M. Leoner</i>	Street: 925 Wianacki Rd City: Mosinee WI Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hohenwetter	11/27/2011 <small>(Month) (Day) (Year)</small>
7. Anna M. Gresch	<i>Anna M. Gresch</i>	Street: 7200 Goldenrod Ct City: Wausau WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mt.	11/28/2011 <small>(Month) (Day) (Year)</small>
8. Allen I Gresch	<i>Allen I Gresch</i>	Street: 7200 Goldenrod Ct City: Wausau WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mt.	11/28/2011 <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, JAMES H. LEGNER (Name of Circulator), (certify): I reside at 7202 Goldenrod Ct WAUSAU (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 2 / 2011
(Month) (Day) (Year)

James H. Legner

(Signature of Circulator)

Page No. 000022
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Circulators

Phone

Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Maider Vang		Street: 3614 Sternberg Ave Apt 6 City: Weston Zip: 55476	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Weston	12/2/2011 (Month) (Day) (Year)	Email Phone ()
2. Jillian Janikowski		Street: 2504 Pied Piper Lane City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)	Email Phone ()
3. Curtis Miskewich		Street: 705 Y2S 3 rd Ave City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)	Email Phone ()
4. GERARD BUEHLER		Street: H1522 P.T ROAD City: Wausau Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hewitt	12/2/2011 (Month) (Day) (Year)	Email Phone ()
5. Debra Kemp		Street: 204 1 st M St City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)	Email Phone ()
6. Aaron Kemp		Street: 204 1 st M St City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Samuel Glenzer (Name of Circulator) (certify): I reside at 123 Walkinshaw Village of Whiting (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the office holder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12/2/2011 (Month) (Day) (Year)

(Signature of Circulator)

Page No. (Optional Only) 000023

Circulators, please in
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Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
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1. Yvonne Finary	<i>Yvonne Finary</i>	Street: 203 Greenwood City: Rothschild Zip: 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	11/29/2011 (Month) (Day) (Year)
2. Nancy Flath	<i>Nancy L. Flath</i>	Street: R2170 Cty. Rd. Q City: Ringle Zip: 54471	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Ringle	11/29/2011 (Month) (Day) (Year)
3. Karen Kellbach	<i>Karen Kellbach</i>	Street: 502 KNOX ST. City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/29/2011 (Month) (Day) (Year)
4. CLAYTON BLOM	<i>Clayton Blom</i>	Street: 1709 STARK ST. City: WAUSAU Zip: 54430	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/1/2011 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
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Certification of Circulator

I, Margaret Werhane, (certify): I reside at 7008 River Trail Dr Weston
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 02 / 2011
(Month) (Day) (Year)

Margaret Werhane
(Signature of Circulator)

Page No. 000021
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PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Brian J. Rohland	<i>Brian J. Rohland</i>	Street: 3269 Partridge Ln City: Marathon Zip: 54448	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Casse/	12/2/2011 <small>(Month) (Day) (Year)</small>
2. PAUL F. MISSETT	<i>Paul F. Missett</i>	Street: 915 S. 9TH AVE City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/2/2011 <small>(Month) (Day) (Year)</small>
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Marc LeClair, (certify): I reside at 821 N. 2nd Ave City of Wausau
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 02 / 2011
(Month) (Day) (Year)

Marc LeClair
(Signature of Circulator)

Page No. 000025
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PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Terri Baker	<i>Terri Baker</i>	Street: 24 Alexander Ave. City: Rothschild Zip: 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rothschild <input type="checkbox"/> City	12/02/2011 <small>(Month) (Day) (Year)</small>
2. Jeff HERRON	<i>Jeff HERRON</i>	Street: 697 Redfield Rd. City: Mosinee Zip: 54455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Knowlton	12/02/2011 <small>(Month) (Day) (Year)</small>
3. Susan A. Clark	<i>Susan A. Clark</i>	Street: 4489 Martin Rd City: Mosinee Zip: 54455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kronenwetter	12/02/2011 <small>(Month) (Day) (Year)</small>
4. Brandon Weix	<i>Brandon Weix</i>	Street: 1311 McIntosh St City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/02/2011 <small>(Month) (Day) (Year)</small>
5. TINI WESTERDYK	<i>Tini Westerdyk</i>	Street: 1116 Sylvan ST City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 <small>(Month) (Day) (Year)</small>
6. HERMON WESTERDYK	<i>Hermon Westerdyk</i>	Street: 1116 Sylvan ST City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 <small>(Month) (Day) (Year)</small>
7. Diane Mundt	<i>Diane Mundt</i>	Street: 500 Grand Ave City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 <small>(Month) (Day) (Year)</small>
8. Richard Rector	<i>Richard Rector</i>	Street: 1514 1/2 N 15th Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 <small>(Month) (Day) (Year)</small>
9. CHARLES SCHOFENFELD	<i>Charles Schoenfeld</i>	Street: 913 ETHEL ST City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/2/2011 <small>(Month) (Day) (Year)</small>
10. Donna Hanagan	<i>Donna Hanagan</i>	Street: 500 E Thomas ST #109 City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Marc LeClair, (certify): I reside at 821 N. 2nd Ave City of Wausau
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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Marc LeClair
(Signature of Circulator)

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PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. NORBERT PRZYBYLSKI	<i>Norbert Przybylski</i>	Street: 515 Ross Ave City: Schofield WI Zip: 54476	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Schofield	12/1/2011 (Month) (Day) (Year)
2. ARLENE PRZYBYLSKI	<i>Arlene Przybylski</i>	Street: 515 Ross Ave. 54476 City: Schofield Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Schofield	12/1/2011 (Month) (Day) (Year)
3. Brian Mader	<i>Brian Mader</i>	Street: 631 Ridgeland Ave. City: Schofield Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Schofield	12/1/2011 (Month) (Day) (Year)
4. WAYNE Soukup	<i>Wayne Soukup</i>	Street: 512 Maryland 54476 City: Schofield Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SCHOFIELD	12/1/2011 (Month) (Day) (Year)
5. Mike Wionoske	<i>Mike Wionoske</i>	Street: 711 Ridgeland Ave City: Schofield Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Schofield	12/1/2011 (Month) (Day) (Year)
6. Tim Belcher	<i>Tim Belcher</i>	Street: 2703 Delineth Ave City: Weston WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Weston	2/1/2011 (Month) (Day) (Year)
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I, Carolyn Michalski, (certify): I reside at 5703 High Ridge Ct. Village of Weston
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Carolyn Michalski
(Signature of Circulator)

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Circulators, please provide
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PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. JOSEPH M WATSON	<i>Joseph M Watson</i>	Street: 6412 Quentin St City: Weston Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	12/01/2011 (Month) (Day) (Year)
2. Donna Blankenheim	<i>Donna Blankenheim</i>	Street: 8909 Margaret City: Rothschild Zip: 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/01/2011 (Month) (Day) (Year)
3. Michael W. Timmer	<i>Michael W. Timmer</i>	Street: 9506 Newberry City: Weston Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	12/11/2011 (Month) (Day) (Year)
4. Eric J. Krause	<i>Eric J. Krause</i>	Street: 1752 Town Hall Rd City: Mosinee Zip: 54455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mosinee	12/11/2011 (Month) (Day) (Year)
5. Leonard Cynkar	<i>Leonard Cynkar</i>	Street: 1721 Jackie Rd City: Mosinee WI Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kronwetter	12/11/2011 (Month) (Day) (Year)
6. Candace Cynkar	<i>Candace Cynkar</i>	Street: 1721 Jackie Rd City: Mosinee Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kronwetter	12/11/2011 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Carolyn Michalski, (Name of Circulator) (certify): I reside at 5703 High Ridge Ct. (Circulator's Residence - Street name and Number) Village of Weston (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Carolyn Michalski
(Signature of Circulator)

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1. Betsey Lapointe	Betsey Lapointe	Street: 8400 Von Kanel City: Schofield/Weston Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	12/1/2011 (Month) (Day) (Year)
2. Linda L Kennedy	Linda L Kennedy	Street: 303 Birch St. City: Mosinee Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mosinee	12/1/2011 (Month) (Day) (Year)
3. Sandra McIlhenny	Sandra McIlhenny	Street: 1758 Bergen Rd City: Mosinee Zip: 54455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bergen	12/1/2011 (Month) (Day) (Year)
4. June L. Green	June L. Green	Street: 19 Schmidt Ave City: Rothschild Zip: 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/11/2011 (Month) (Day) (Year)
5. Nelda J. Gibbs	Nelda J. Gibbs	Street: 8400 Von Kanel St. City: Weston Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	12/1/2011 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Carolyn Michalski, (certify): I reside at 5703 High Ridge Dr. Village of Weston
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 2 / 2011
(Month) (Day) (Year)

Carolyn Michalski
(Signature of Circulator)

Page No. (Official Use Only)

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PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J.
Committee to
PO Box 256
Madison, W

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Cheryl Wieting</u> Sign: <u>Cheryl Wieting</u>	Street: <u>N3883 Cranedr</u> City: <u>Medford</u> Zip: <u>54451</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>medford</u> <small>(Municipality Name)</small>	<u>11/30/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>(715)</u>
2. Print: <u>TOBY ANDERSON</u> Sign: <u>Toby Anderson</u>	Street: <u>189 Marjorie Lane</u> City: <u>Medford</u> Zip: <u>54451</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>medford</u> <small>(Municipality Name)</small>	<u>11/30/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>(715)</u>
3. Print: <u>Jack Rudolph</u> Sign: <u>Jack R</u>	Street: <u>135 N. 3rd St</u> City: <u>Medford</u> Zip: <u>54451</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Medford</u> <small>(Municipality Name)</small>	<u>11/30/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>(715)</u>
4. Print: <u>MARVIN OBSCHERWINE</u> Sign: <u>Marvin Obschewine</u>	Street: <u>321 S 2nd St</u> City: <u>MEDFORD</u> Zip: <u>54451</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MEDFORD</u> <small>(Municipality Name)</small>	<u>11/30/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>(715)</u>
5. Print: <u>Jon Macik</u> Sign: <u>Jon Macik</u>	Street: <u>810 Nova Ln</u> City: <u>Medford</u> Zip: <u>54451</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Medford</u> <small>(Municipality Name)</small>	<u>11/30/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>(715)</u>

Certification of Circulator

I, LAURA ZULEGER (certify): I reside at 12218 Cardinal Dr. Town of Little Black
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 30 120 11
(Month) (Day) (Year) Laura Zuleger
(Signature of Circulator)

Page No. 8000030
 # _____

Circulators,
Please include your contact information.
 Phone: (715)
 Email: _____

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by:

Committee
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>CAROLINE RADLINGER</u> Sign: <u><i>Caroline Radlinger</i></u>	Street: <u>WS849 Pheasant Run Road</u> City: <u>Medford</u> Zip: <u>54451</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Medford</u> <small>(Municipality Name)</small>	<u>11/21/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: ()
2. Print: <u>KATHRYN LOSIEWICZ</u> Sign: <u><i>Kathryn Losiewicz</i></u>	Street: <u>W10218 Anderson Rd.</u> City: <u>Withee</u> Zip: <u>54498</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Grover</u> <small>(Municipality Name)</small>	<u>11/21/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: ()
3. Print: <u>JULEE KLEMM</u> Sign: <u><i>Julee A. Klemm</i></u>	Street: <u>W3477 Hwy. 64</u> City: <u>Medford</u> Zip: <u>54451</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Browning</u> <small>(Municipality Name)</small>	<u>11/28/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: ()
4. Print: <u>JIM G KALMON</u> Sign: <u><i>Jim G Kalmon</i></u>	Street: <u>W8484 Blacken Ave</u> City: <u>Medford</u> Zip: <u>54451</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Molitor</u> <small>(Municipality Name)</small>	<u>11/28/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: (715)
5. Print: <u>Scott J Hudak</u> Sign: <u><i>Scott J Hudak</i></u>	Street: <u>520 Lemke Ave</u> City: <u>Medford</u> Zip: <u>54451</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Medford</u> <small>(Municipality Name)</small>	<u>11/30/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: ()

Certification of Circulator

I, Laura Zuleger, (certify): I reside at N2218 Cardinal Dr. Town of Little Black
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 30 12011
(Month) (Day) (Year)

Laura Zuleger
(Signature of Circulator)

Page No. (Official Use Only)
000031
 # _____

Circulators,
Please include your con

Phone:
(715)
Email:

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. DAVID LINDSTROM	<i>[Signature]</i>	Street: 4711 RIB RIVER TR. City: WAUSAU WI Zip: 54404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/2/2011 (Month) (Day) (Year)
2. Kevin Saal	<i>[Signature]</i>	Street: 545 South 56th Ave #6 City: WAUSAU, WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/2/2011 (Month) (Day) (Year)
3. Sharon Zunker	<i>[Signature]</i>	Street: 4408 Forest Valley Rd City: WAUSAU, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/2/2011 (Month) (Day) (Year)
4. Bev Russell	<i>[Signature]</i>	Street: 1309 Bristow Hill Rd City: WAUSAU WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STETTIN	12/2/2011 (Month) (Day) (Year)
5. Carol Pond	<i>[Signature]</i>	Street: 2301 N. 18th St City: WAUSAU Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WAUSAU	12/2/2011 (Month) (Day) (Year)
6. William Conway	<i>[Signature]</i>	Street: 222 RADTKE ST. City: SCHOFIELD, WI Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SCHOFIELD	12/2/2011 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Marsha A. Krazan, (Name of Circulator) (certify): I reside at 1221 S. 50th Ave, #7 City of Wausau
(Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 02 / 2011
(Month) (Day) (Year)

Marsha A. Krazan
(Signature of Circulator)

Page No. 000032
#

Circulators, please

Phone
Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Chris Weems	<i>Chris Weems</i>	Street: 708 Fulton #104 City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/15/2011 (Month) (Day) (Year)
2. Randy Hernandez	<i>Randy Hernandez</i>	Street: 709 Forest St City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/14/2011 (Month) (Day) (Year)
3. Julie Nea	<i>Julie Nea</i>	Street: 1140 W. Bridge St #1B City: WAUSAU WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/15/2011 (Month) (Day) (Year)
4. Randy Burgoyne	<i>Randy Burgoyne</i>	Street: 708 Fulton 312 City: Wausau Zip: 5440	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/15/2011 (Month) (Day) (Year)
5. Robert Becker	<i>Robert Becker</i>	Street: 111 Logans St City: Merrill WI Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	11/15/2011 (Month) (Day) (Year)
6. Shirley Schwartz	<i>Shirley Schwartz</i>	Street: 709 Kent St City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/15/2011 (Month) (Day) (Year)
7. Patricia Roberts	<i>Patricia Roberts</i>	Street: 7128 Granite Hgts Rd City: Wausau WI Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Texas	11/15/2011 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Shirley Schwartz (Name of Circulator), (certify): I reside at 709 Kent St (Circulator's Residence - Street name and Number) City of Wausau (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/15/2011
(Month) (Day) (Year)

Shirley Schwartz
(Signature of Circulator)

Page 1 of 1
000033

Circulator

Phone

Email

SS

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. <u>Helen R. White</u> Print: <u>Helen</u> Sign: <u>Helen R. White</u>	Street: <u>2100 Townline Road / #113</u> City: <u>Wausau</u> Zip: <u>54403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email: _____ Phone: _____
2. <u>BRIAN TOMSKI</u> Print: <u>Brian Tomski</u> Sign: <u>Brian Tomski</u>	Street: <u>407 5th St</u> City: <u>Mosinee</u> Zip: <u>54455</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Mosinee</u> (Municipality Name)	<u>11/30/2011</u> (Month) (Day) (Year)	Email: _____ Phone: <u>btoms</u> <u>(715)</u>
3. <u>Judy Bargender</u> Print: <u>Judy Bargender</u> Sign: <u>Judy Bargender</u>	Street: <u>1914 Eva Rd Apt #12</u> City: <u>Mosinee</u> Zip: <u>54455</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Mosinee</u> (Municipality Name)	<u>11/30/2011</u> (Month) (Day) (Year)	Email: _____ Phone: <u>(715)</u>
4. <u>Jacqueline Tomski</u> Print: <u>Jacqueline Tomski</u> Sign: <u>Jacqueline Tomski</u>	Street: <u>407 5th</u> City: <u>Mosinee</u> Zip: <u>54455</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Mosinee</u> (Municipality Name)	<u>11/30/2011</u> (Month) (Day) (Year)	Email: _____ Phone: <u>(715)</u>
5. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: _____

Certification of Circulator

I, Patti A. Shirer (certify): I reside at 705 18th Street
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

City of Mosinee
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12-13(3)(a), Wis. Stats.

11 / 30 / 2011
(Month) (Day) (Year)

Patti A. Shirer
(Signature of Circulator)

000034
 Page No. (Official Use Only)
 # _____

Return by
Committee
PO Box 2
Madison, WI

Circulators,
Please include your

Phone: _____
Email: (715)
mtm

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Benjamin Lodahl</u> Sign: <u>[Signature]</u>	Street: <u>5017 W 28th Ave Apt 6</u> City: <u>Wausau</u> Zip: <u>54401</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u> <small>(Municipality Name)</small>	<u>11/24/2011</u> <small>(Month) (Day) (Year)</small>	Email <u>[Blank]</u> Phone <u>(715)</u>
2. Print: <u>Mia Lodahl</u> Sign: <u>[Signature]</u>	Street: <u>5017 N. 28th Ave. Apt 6</u> City: <u>WAUSAU</u> Zip: <u>54401</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u> <small>(Municipality Name)</small>	<u>11/24/2011</u> <small>(Month) (Day) (Year)</small>	Email <u>[Blank]</u> Phone <u>(715)</u>
3. Print: <u>Lynn Lodahl</u> Sign: <u>[Signature]</u>	Street: <u>4504 Thornapple Rd.</u> City: <u>Wausau</u> Zip: <u>5440</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rib Mountain</u> <small>(Municipality Name)</small>	<u>11/24/2011</u> <small>(Month) (Day) (Year)</small>	Email <u>LO</u> Phone <u>(715)</u>
4. Print: <u>Dan Lodahl</u> Sign: <u>[Signature]</u>	Street: <u>4504 Thornapple Road</u> City: <u>Wausau</u> Zip: <u>54401</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rib Mountain</u> <small>(Municipality Name)</small>	<u>11/27/2011</u> <small>(Month) (Day) (Year)</small>	Email <u>[Blank]</u> Phone <u>(715)</u>
5. Print: <u>Judy Lodahl</u> Sign: <u>[Signature]</u>	Street: <u>4504 Thornapple Road</u> City: <u>Wausau</u> Zip: <u>54401</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rib Mountain</u> <small>(Municipality Name)</small>	<u>11/27/2011</u> <small>(Month) (Day) (Year)</small>	Email <u>[Blank]</u> Phone <u>(715)</u>

I, Patti A. Shirer (certify): I reside at 705 18th St.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

City of Mosinee
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 30 / 2011
(Month) (Day) (Year)

Patti A. Shirer
(Signature of Circulator)

Page No. 000035

Return by
Committee
PO Box 2
Madison,

Circulators,
Please include your

Phone
(715)
Email
[Blank]

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: <u>Sherry L. Matsche</u> Sign: <u>Sherry L Matsche</u>	Street: <u>76601 Co. Line Rd</u> City: <u>Merrill</u> Zip: <u>54452</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Texas</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email () Phone ()
2. Print: <u>Janet Rager</u> Sign: <u>Jan Rager</u>	Street: <u>543 S. City Rd 0</u> City: <u>Mosinee, WI</u> Zip: <u>54455</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bergen</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email () Phone ()
3. Print: <u>Dana Nash</u> Sign: <u>Dana Nash</u>	Street: <u>510 Ross Ave.</u> City: <u>Wausau</u> Zip: <u>54403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email () Phone ()
4. Print: <u>Patti A. Shiner</u> Sign: <u>Patti A Shiner</u>	Street: <u>705 18th St.</u> City: <u>Mosinee</u> Zip: <u>54455</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Mosinee</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email () Phone ()
5. Print: <u>William Shiner</u> Sign: <u>William R. Shiner</u>	Street: <u>705 18th Street</u> City: <u>Mosinee</u> Zip: <u>54455</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Mosinee</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email () Phone ()

Certification of Circulator

I, Patti A. Shiner (certify): I reside at 705 18th St.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Mosinee - City of
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 18 / 2011
(Month) (Day) (Year)

Patti A. Shiner
(Signature of Circulator)

Page No. 005036

Return by
Committee
PO Box 2
Madison,

Circulators,
Please include your

Phone
(765)
Email
mtm

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Kay Pet		Street: 1210 Pine St City: Wausau WI Zip: 54485	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)	Email Phone ()
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Shirley Schwartz, (certify): I reside at 709 Kent St. Wausau - City
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 2 / 20 11
(Month) (Day) (Year)

(Signature of Circulator)

Page No. 000037

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Circulators, please

Phone
Email
SSC

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Natalia Gohdes	Natalia Gohdes	Street: 627 Scott St. City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)	Email Phone ()
2. William V. Cerny	William V. Cerny	Street: 3202 N. 13th St. City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)	Email Phone ()
3. JoAnne Cerny	JoAnne Cerny	Street: 3202 N. 13th St. City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)	Email Phone ()
4. Karen Foley	Karen Foley	Street: 916 N. 5th Ave City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)	Email Phone ()
5. Darrell H. Zurker	Darrell H. Zurker	Street: 3708 N 108th Ave City: Wausau WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau ^{Stettin}	11/16/2011 (Month) (Day) (Year)	Email Phone ()
6. HAROLD A PETERS	Harold A Peters	Street: 5804 FERGUS ST City: WESTON Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WESTON	11/16/2011 (Month) (Day) (Year)	Email Phone ()
7. DAVID DERBY	David Derby	Street: 908 MCINTOSH ST City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/16/2011 (Month) (Day) (Year)	Email Phone ()
8. Shirley Derby	Shirley Derby	Street: 908 MCINTOSH ST City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/16/2011 (Month) (Day) (Year)	Email Phone ()
9. Michael Huse	Michael Huse	Street: 3400 N 14th Ave City: Wausau WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Maine	11/16/2011 (Month) (Day) (Year)	Email Phone ()
10. Laura Clark	Laura Clark	Street: 2807 Bittersweet Ct City: Wausau WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mosinee	11/16/2011 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Jeff Johnson, (certify): I reside at 4522 Forest Valley Rd. City of Wausau
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Jeff Johnson
(Signature of Circulator)

Page No. (Official Use Only)

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CONTACT

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Circulators, please

Phone

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PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Mary Lucareli		Street: 911 Steuben Street City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/20/2011 <small>(Month) (Day) (Year)</small>	Email Phone: 715, 843
2. LeRoy Guralski		Street: 1001 S. 50th Ave Apt 4 City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/20/2011 <small>(Month) (Day) (Year)</small>	Email Phone: 715, 29
3. Terra Lee Guralski		Street: 1001 S. 50th Ave Apt 4 City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/20/2011 <small>(Month) (Day) (Year)</small>	Email: bernieg1@n Phone: 715, 298
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone: ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone: ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone: ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone: ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone: ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone: ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone: ()

Certification of Circulator

I, Christopher Ah San, (certify): I reside at 99 King St. Yellow Springs OH
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12, 2, 20 11
(Month) (Day) (Year)
Christopher Ah San
(Signature of Circulator)

Page No. 000039
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Circulators, please fill in

Phone
Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. David ARMSTRONG		Street: 404 Baylee Ave City: Rothschild Zip: 54474	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)	Email: David.ARMSTRONG@rothschild.wi.gov Phone: () () () () () ()
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: () () () () () ()
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: () () () () () ()
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5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: () () () () () ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: () () () () () ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: () () () () () ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: () () () () () ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: () () () () () ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: () () () () () ()

Certification of Circulator

I, Karen M. Bauer, (certify): I reside at 12200 50th Ave #9 Wausau
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 2 / 2011
(Month) (Day) (Year)

Karen M. Bauer
(Signature of Circulator)

Page No. 000040

Circulators, pl
Phone () () () () () ()
Email

PAM GALLOWAY RECALL PETITION

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Madis

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1. Leigh Pittsley	<i>Leigh Pittsley</i>	Street: 1161 Pintail Ln City: Wausau, WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	12/2/2011 (Month) (Day) (Year)
2. Sarah MacFarland	<i>Sarah MacFarland</i>	Street: 842 Pinedale Lane City: Mosinee Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kronenwetter	12/2/2011 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Megan Werner

(Name of Circulator)

(certify): I reside at 1937 Eva Rd.

(Circulator's Residence - Street name and Number)

Kronenwetter

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 2 / 2011
(Month) (Day) (Year)

Megan E. Werner

(Signature of Circulator)

Page Not for Official Use Only

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Circulators, pl

Phone

Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Heather DuesseImann	<i>Heather DuesseImann</i>	Street: 2504 Iris Lane City: Wausau, WI Zip: 54401	<input checked="" type="checkbox"/> Town Rib <input type="checkbox"/> Village <input type="checkbox"/> City Mountain	12/2/2011 (Month) (Day) (Year)	Email Phone (715)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Megan Werner, (certify): I reside at 1937 Eva Rd. Kronenhewter
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 2 / 2011
 (Month) (Day) (Year)

Megan E. Werner
 (Signature of Circulator)

Page No. 000042

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Circulators, please

Phone ()

Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Kristine Wrigley	Kristine Wrigley	Street: 3603 Caleb Dr City: Weston WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Weston <input type="checkbox"/> City	12/2/2011 (Month) (Day) (Year)	Email Phone ()
2. Deb Steinfest	Deb Steinfest	Street: 714 W. Randolph St City: Wausau WI Zip: 54481	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Wausau <input type="checkbox"/> City	12/2/2011 (Month) (Day) (Year)	Email Phone ()
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Megan Werner
(Name of Circulator)

(certify): I reside at 1937 Eva Rd. #55 Mosinee
(Circulator's Residence - Street name and Number)

Kronenwetter
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(4)(a), Wis. Stats.

12 / 2 / 2011
(Month) (Day) (Year)

Megan Werner
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators, pl

Phone

Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Pamela Finch	<i>Pamela Finch</i>	Street: 327 N 7th Ave City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Margaret Getzin, (certify): I reside at 42 Kolter St. Wausau
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 02 / 2011
(Month) (Day) (Year)

Margaret Getzin
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators, please

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PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to:
Committee
PO Box 2
Madison,

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Jeanette Carlson	Jeanette Carlson	Street: 903 Rosecrans City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/02/2011 (Month) (Day) (Year)	Email Phone ()
2. Danek Kiltonski	Danek Kiltonski	Street: 77350. 10th Ave. City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)	Email Phone ()
3. Theresa Krautsch	Theresa Krautsch	Street: 408 N. 1st Apt 2 City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)	Email Phone ()
4. Brad Mueller	Brad Mueller	Street: 1001 Elm Street City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)	Email Phone ()
5. Tammi Hamsing	Tammi Hamsing	Street: 701 1/2 Elm St City: Wausau Wi Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)	Email Phone ()
6. Kerry Crass	Kerry Crass	Street: 1212 S. 12th Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)	Email Phone ()
7. Deanna Weis	Deanna Weis	Street: 1003 Winton St. City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)	Email Phone ()
8. Steve Weis	Steve Weis	Street: 1003 Winton St City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/2/2011 (Month) (Day) (Year)	Email Phone ()
9. Beecher	Beecher	Street: 714 Elm St. City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)	Email Phone ()
10. Crystal Schmitt	Crystal Schmitt	Street: 6503 Lang Lane City: Weston Wis Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Weston	12/2/2011 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Samuel Glentzer (Name of Circulator) (certify): I reside at 123 Walkers Village of Wausau (Circulator's Residence - Street name and Number) (Circulator's Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.34(4)as, Wis. Stats.

12 / 2 / 2011 (Month) (Day) (Year)

[Signature] (Signature of Circulator)

Page No. (Official Use Only)
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Circulators, please include
Phone ()
Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Mike Patterson	<i>[Signature]</i>	Street: 123 W Lacy Ave Rd City: Wausau WI Zip: WI	<input checked="" type="checkbox"/> Town sklin <input type="checkbox"/> Village <input type="checkbox"/> City	12/2/2011 (Month) (Day) (Year)
2. Charles Pasnecker III	<i>[Signature]</i>	Street: 1130 Prospect Ave City: Wausau WI Zip: 54983	<input type="checkbox"/> Town Wausau <input checked="" type="checkbox"/> Village Wausau <input type="checkbox"/> City	12/2/2011 (Month) (Day) (Year)
3. Scott Kleiber	<i>[Signature]</i>	Street: 1040 S 5th St Ave City: Wausau WI Zip: 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Wausau <input type="checkbox"/> City	12/2/2011 (Month) (Day) (Year)
4. Kevin Ostrowski	<i>[Signature]</i>	Street: 3607 Caleb Dr City: Weston WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Weston <input type="checkbox"/> City	12/2/2011 (Month) (Day) (Year)
5. Stephanie Raasch	<i>[Signature]</i>	Street: 3607 Caleb Dr City: Weston WI Zip: 54476	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Weston <input type="checkbox"/> City	12/2/2011 (Month) (Day) (Year)
6. Kari Wiersma	<i>[Signature]</i>	Street: 5907 Heath St. City: Weston WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Weston <input type="checkbox"/> City	12/2/2011 (Month) (Day) (Year)
7. Heather Parker	<i>[Signature]</i>	Street: 1119 S 5th Ave City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)
8. Ryan Bloom	<i>[Signature]</i>	Street: 909 7th St. City: Mosinee WI Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mosinee	12/2/2011 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

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Certification of Circulator

I, Samuel Glenzer (Name of Circulator), certify: I reside at 123 Walkers (Circulator's Residence - Street name and Number) Village of Whitewater (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12/2/2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

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PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Teresa Sether	<i>Teresa Sether</i>	Street: T1236 Pine Bluff Rd City: Wausau, WI Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Texas	12/2/2011 (Month) (Day) (Year)
2. Lynette Andersen	<i>Lynette Andersen</i>	Street: 1122 Holub St. City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/02/2011 (Month) (Day) (Year)
3. Mark Webb	<i>Mark Webb</i>	Street: 4903 Aspin St. City: Weston WI Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Weston	12/02/2011 (Month) (Day) (Year)
4. Kayla Baum	<i>Kayla Baum</i>	Street: 4903 Aspin WI City: Weston WI Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Weston	12/02/2011 (Month) (Day) (Year)
5. Angela Dupke	<i>Angela Dupke</i>	Street: 318 S 8th Ave City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)
6. Courtney Clark	<i>Courtney Clark</i>	Street: 318 S 8th Ave City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/02/2011 (Month) (Day) (Year)
7. Dana Hoppert	<i>Dana Hoppert</i>	Street: 1906 Little Rib Cir City: Wausau WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Stettin	12/2/2011 (Month) (Day) (Year)
8. Jon Whitver	<i>Jon Whitver</i>	Street: 725 N. Hh Ave City: Wausau, WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)
9. Crystal Green	<i>Crystal Green</i>	Street: 601 Katherine St City: Rothschild WI Zip: 54477	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rothschild	12/2/2011 (Month) (Day) (Year)
10. John Pre	<i>John Pre</i>	Street: 840 Bristers Hill City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stettin	12/2/2011 (Month) (Day) (Year)

I, Samuel Glenzer (Name of Circulator) (certify): I reside at 123 W. Kings (Circulator's Residence - Street name and Number) Village of Whitings (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

12/2/2011 (Month) (Day) (Year)

Samuel Glenzer (Signature of Circulator)

Page No. 000047 (Official Use Only)

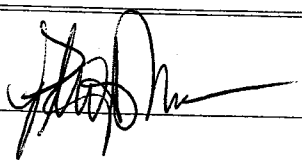
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Circulators, p1
Phone
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PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. <u>Pete Weigley</u>		Street: <u>3603 CALBBS DR</u> City: <u>WESTON</u> Zip: <u>51476</u>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>WESTON</u>	<u>12/02/2011</u> (Month) (Day) (Year)	Email Phone
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone
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6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone

I, Robert Lenz (Name of Circulator), (certify): I reside at 208 West Miller (Circulator's Residence - Street name and Number), City of Greenwood (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 01 12011 (Month) (Day) (Year)

Robert Lenz (Signature of Circulator)

Page No. 000048
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PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Erika Murphy	<i>Erika J Murphy</i>	Street: 711 Broadway City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/2/2011 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Robert Lenz (Name of Circulator), (certify): I reside at 208 West Miller (Circulator's Residence - Street name and Number) City of Greenwood (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12, 02 2011
(Month) (Day) (Year)

Robert Lenz
(Signature of Circulator)

Page No. 000049
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Circulator

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PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Linda Brust	<i>Linda Brust</i>	Street: 1410 11th Ave City: Edgar Zip: 54406	<input checked="" type="checkbox"/> Town Rib Falls <input type="checkbox"/> Village <input type="checkbox"/> City	12/2/2011 (Month) (Day) (Year)
2. Kelly Henke	<i>Kelly Henke</i>	Street: 1803 MACAW AVE City: WAUSAU (Rib MT) Zip: 54401	<input checked="" type="checkbox"/> Town Rib MTN <input type="checkbox"/> Village <input type="checkbox"/> City	12/2/2011 (Month) (Day) (Year)
3. Aaron Wulke	<i>Aaron Wulke</i>	Street: 737 Bertha St. City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/2/2011 (Month) (Day) (Year)
4. Les Viergutz	<i>LES VIERGUTZ</i>	Street: 3206 SUMMIT LA City: WAUSAU WI Zip: 54406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/2/2011 (Month) (Day) (Year)
5. JOEL GAULET	<i>Joel Gaulet</i>	Street: 1230 512TH AVE City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/2/2011 (Month) (Day) (Year)
6. Nick Leminger	<i>Nick Leminger</i>	Street: 1112 Arthur St City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/2/2011 (Month) (Day) (Year)
7. T'Neal Kulesa	<i>T'Neal Kulesa</i>	Street: 429 Moreland Ave City: Schofield Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Schofield	12/2/2011 (Month) (Day) (Year)
8. Christopher Kulesa	<i>Chris Kulesa</i>	Street: 429 Moreland Ave City: Schofield Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Schofield	12/2/2011 (Month) (Day) (Year)
9. KARI BROWN	<i>Kari Brown</i>	Street: 223 N 10th Ave Zip: 54401 City: WAUSAU WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/2/2011 (Month) (Day) (Year)
10. Jason Suss	<i>Jason Suss</i>	Street: 118 Adrian St City: WAUSAU WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/2/2011 (Month) (Day) (Year)

Certification of Circulator

I, William H. Johnson, (certify): I reside at 15 N. Hancock St City of Neeshen
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 2 / 2011
 (Month) (Day) (Year)

William H. Johnson
 (Signature of Circulator)

Page No. 000058

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Circulator

Phone

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